



DEPARTMENT OF THE NAVY

NAVAL RESERVE PERSONNEL CENTER
NEW ORLEANS LOUISIANA 70140-7800

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Dear IRR Member:

As a member of the Individual Ready Reserve (IRR) you are obligated by Title 10, U.S. Code, to keep the Navy informed of any changes that would prevent you from being mobilized. The following questionnaire is provided in order to assist you in updating your mobilization status. Please complete and return it within 45 days. You are reminded that failure to keep the Navy informed of your mobilization status may result in your recall to active duty for a period of up to 45 days, your transfer to the Standby Ready Reserve inactive status, or your immediate processing for separation per Title 10, U. S. Code and DOD Directives. Such actions may affect your continued participation in the Naval Reserve, characterization of discharge and entitlement to Veteran's Benefits. If you have any questions concerning your military obligation and participation as a Reservist, please contact Naval Reserve Personnel Center at 1-800-535-2699 during our normal working hours (Mon - Fri from 0700 - 1530 CST). Thank you for your support of the Naval Reserve.

PRIVACY ACT STATEMENT

Authority to request this information is contained in Title 10 USC Section 10149, Continual Screening of the Ready Reserve. The purpose and use of this data is to allow the Department of the Navy to update military personnel records and identify Naval Reserve resources.

	No	Yes	If Yes-
Have you had a change in your marital or dependent status?			NEW STATUS _____ (PLEASE ATTACH DOCUMENTATION) :
Do you have a medical condition that might prevent your mobilization or restrict your assignment?			PLEASE PROVIDE DOCUMENTATION FROM YOUR PHYSICIAN OF CASE HISTORY, DIAGNOSIS AND PROGNOSIS.
Do you know of any reason why you would be unavailable to report to a mobilization site within seven (7) days?			IF EXPERIENCING A TEMPORARY HARDSHIP AT THE TIME OF MOBILIZATION A DELAY OR EXEMPTION MAY BE CONSIDERED, BASED ON CIRCUMSTANCES. IF YOUR INABILITY TO MOBILIZE IS NOT TEMPORARY IN NATURE, PLEASE PROVIDE AN EXPLANATION AND/OR DOCUMENTATION.

Please make any changes to your name, address:	NAME: _____
	STREET: _____ APT: _____
	CITY: _____ STATE: _____ ZIP: _____ - _____
	PHONE: Home: (_____) _____ - _____
	Work: (_____) _____ - _____
	SSN: _____ - _____ - _____

**UNITED STATES NAVAL RESERVE
SCREENING QUESTIONNAIRE
TRAINING/EXPERIENCE**

NAME: _____ SSN: _____ - _____ - _____

This page will be made a permanent part of your official service record. Ensure all entries are printed legibly.

1. Higher Education - Enclose copies of certificates or other official documents to substantiate changes not reflected in your record. **DO NOT include papers, professional articles, or similar material. Documents will not be returned to you.**

UNIVERSITY/COLLEGE (NAME & LOCATION)	ATTENDED		SEM HOURS EARNED	DEGREE		MAJOR FIELD OF STUDY	SPECIAL- IZATION WITH MAJOR
	FROM	TO		TITLE	DATE		

2. Civilian Employment: - DOD requires each service to capture and maintain current and accurate civilian employment-related information on each Reserve member. The purpose for collecting this information is to achieve fair treatment between members in the Ready Reserve who are being considered for recall to active duty without their consent, ensure that there will be no significant attrition of Ready Reserve members or units during a mobilization and to inform Reserve Component members and their employers of their rights, benefits, and obligations under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Please go to "<https://www.dmdc.osd.mil/Guard-ReservePortal>" (exactly as shown with upper and lower case letters) and provide the requested data.

3. Foreign Language Skills

FOREIGN LANGUAGE:	LANGUAGE PROFICIENCY SOURCE A= Civilian Course B= Def Lang Inst C= Foreign Resident D= Home Environment E= Military School F= Self-Study	PROFICIENCY LEVEL: 1=Elementary 4=Advanced 2=Limited 5=Fluent 3=General			
		SPEAK	WRITE	READ	LISTEN

I CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____